CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	ENTI	Ϋ́Υ	05		ER THAN
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20	CLAIMS AS (Column 1		ED - PART (Colum		(Column 3)		SMAL	L ENTI	ΓΚ. (DR.		R THAN ENTITY
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the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR		290=	
he "Highest Nun he "Highest Nur	nn 1 is less than the nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THI id For IN THI	S SPACE is les IS SPACE is les	s than s than	20, enter "20." 3, enter "3."		TOTAL IT. FEE	opriot- t	OR		TOTAL DIT. FEE	